

Policy and Procedure Milwaukee County Behavioral Health Division Community Services Branch (SAIL)	Date Issued 8/8/2012	SECTION POLICY - MISSED APPOINTMENT AND INABILITY TO REACH CLIENT		PAGE 1 of 4
	DATE REVISED	SUBJECT PRACTICE GUIDELINES: CASE MANAGEMENT AGENCY'S RESPONSE FOR CLIENT MISSED APPOINTMENTS OR INABILITY TO BE REACHED		

1. POLICY:

It is the mission of the Behavioral Health Division to ensure individuals and families who have mental health needs receive the support and means to pursue success in the ways they choose to live, learn, love, work and play. This includes assistance to function at optimal levels of physical and mental health and that clients are full and equal members of the community. It is essential that case management providers support the above mission and consistently endeavor to deliver safe, effective, optimal client care in the community in support of empowerment and recovery.

2. ISSUE:

In the event a client misses a scheduled appointment/contact and/or a case manager is unable to reach the client, a policy to locate the client will be instituted. Although a missed appointment by a client may not be a cause of concern for one individual, this event for another individual may result in need of further immediate action, if clinically indicated.

3. RATIONALE:

In recognition that all case management interventions should be individualized and clinically driven, there is no “one size fits all” prescribed course of action or intervention. In deciding on the appropriate plan of action, a risk management framework and assessment procedure will be utilized by the case management providers. There are best practice guidelines for case management of how providers care for clients served in the community, as well as consideration of client choice in the recovery process, and consideration of clinical factors pertinent in the development of an intervention strategy.

In response to these needs, the Community Services Branch has developed the following policy to: a) increase uniformity and consistency in case management practice related to missed appointments and an inability to contact the client, and b) to create a practice standard to incorporate clinical consultation, communication, client preference and documentation.

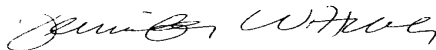
4. PROCEDURE:

1. Case management providers will meet with their assigned clients upon admission to their program, and incorporate their client’s choice of intervention in the event a client misses a scheduled appointment or contact and/or a case manager is unable to reach the client.
 - a. Client preferences will be clearly documented for each individual client and must be kept in the client’s medical record in one designated location, such as the treatment plan section. Each agency may decide where in the medical record the client preferences will be kept, but the location within the medical record must be the same for all clients in that agency. The client preferences sheet/information should be easily accessible, so that all staff can locate the information quickly when needed.
 - b. The Provider is responsible for clearly documenting client preferences to ensure accessibility and reliability of information to guide those staff on the case management team. The client preferences plan will be reviewed updated and documented every six months and will include a corresponding progress note. In addition, the client preference form will be dated and signed by both the client and case manager every six months (when it is reviewed/updated) or more often as clinically indicated.

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2. In the event a client misses a scheduled appointment/contact and a case manager is unable to reach the client, the case manager will:
 - a. Assess whether further action is needed taking into account, but not limited to, recent high risk factors, persistent high risk factors, and any acute changes in physical and psychiatric conditions warranting further intervention. This will also involve consideration of client preference in such an event, as documented in the clinical record.*
 - b. Call and consult, when warranted, with the appropriate Program Clinical Coordinator, Supervisor/Lead or Designee, based upon consideration of the assessment above, to discuss the event or concern and course of action.*
 - c. Decide and act on the appropriate plan of action in order to attempt to locate the client if warranted.*
 - d. Document the above in progress notation or on the following attachment that will include at minimum, date/time of event, the risk factors considered above, client preference consideration, supervisory consultation and chosen plan of action and rationale. The documentation in the record will be completed within twenty-four hours, preferably by the end of the case manager's shift/work day. The documentation will also reflect the treatment plan in context of prescribed frequency of visits.*
 - e. Assessment of risk is an on-going process. Therefore, the above decision guidelines may need to be readdressed, as more information is known about a situation and action plan adjusted accordingly.*
3. The Clinical Coordinator, Supervisor or Lead is responsible for the implementation of the policy and monitoring adherence to these practice guidelines.

Approved by:



Jennifer Wittwer
Associate Director
Adult Community Services Branch

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ATTACHMENT 1

GUIDE TO CASE MANAGERS

Assessment Of Risk Potential

When assessing and deciding on the appropriate plan of action or intervention, the following factors may be considered, although this list is not intended to be exhaustive. Case managers can use this tool when a client misses an appointment or fails to be reached to assist in determining whether such an event may increase the probability that harm may occur. The **GOAL** is to gather pertinent information and determine if immediate intervention or follow-up action is indicated. This guide can be used as a case management tool and also can be filed in the client's progress record.

CLIENT NAME: _____

DATE: _____ TIME: _____

SELF/OTHER HARM (RECENT & HISTORY):

- ☐ Recent urge/threat/plan to harm self/others
- ☐ History of serious suicide attempts & other directed aggression, especially associated with withholding information from staff
- ☐ Access to firearms

ACUTE STRESSORS

- ☐ Recent loss, failures, humiliation
- ☐ Serious medical illness
- ☐ Significant anniversary date/holiday
- ☐ Loss of important social support

RECENT ACUTE MENTAL HEALTH SYMPTOMS

- ☐ Severe anxiety
- ☐ Global insomnia
- ☐ Dramatic mood changes
- ☐ Sudden medication non-adherence
- ☐ Unbearable hallucinations or delusions
- ☐ Recent significant mental status changes
- ☐ Other: _____

SUBSTANCE USE

- ☐ Recent substance abuse / dependence or risk for withdrawal
- ☐ History of poor impulse control associated with use

TREATMENT HISTORY

- ☐ Recent discharge from the psychiatric hospital
- ☐ Recent discharge from a medical hospital
- ☐ History of prior inability to reach with serious adverse outcome

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SUPPORT NETWORK/PROTECTIVE FACTORS

- ☐ Inability to access resources independently
- ☐ Inadequate support network
- ☐ Does not readily seek help when needed

ENVIRONMENTAL CONSIDERATIONS

- ☐ Temperature extremes or heat/cold advisories
- ☐ At risk to not adhere to appropriate dress for conditions

TREATMENT PLAN CONSIDERATIONS

- ☐ Legal obligations
- ☐ Client stated preferences
- ☐ Current crisis plan and interventions

When deciding on an appropriate plan of action in order to attempt to locate the client, the following actions may be considered, although this list is not exhaustive:

- ☐ No immediate course of action
- ☐ Leave a note/message for client to contact provider
- ☐ Contact the client's current support system (family, neighbors etc.)
- ☐ Contact other providers of service of the client
- ☐ Consult with program MD/RN
- ☐ Health and wellness check
- ☐ Obtain a key of the residence to enter
- ☐ Involve Mobile Crisis Team
- ☐ Involve law enforcement
- ☐ Complete and file a PCS Alert
- ☐ File missing persons report (Critical vs. General)
- ☐ Contact hospitals or other frequented community locations
- ☐ Review client Crisis Plan and choice
- ☐ CCAP review to identify criminal justice involvement
- ☐ Consult at TCM/CSP Operations Meetings

Summarize the above assessment, plan of action/rationale below OR in a progress note entry which must include at a minimum, date/time of event, the risk factors considered above, client preference, supervisory consultation and chosen plan of action/rationale.
